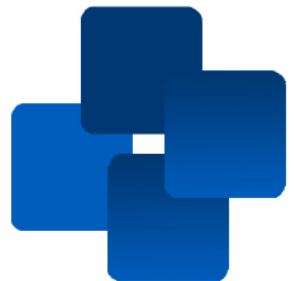


Patient Information

Having a Transperineal Prostate Biopsy

Urology Department



Introduction

This leaflet is about your upcoming prostate biopsy. Before the procedure, you will be able to ask your urologist questions.

Key points

- Transperineal ultrasound guided prostate biopsies are a safe and reliable way of checking for prostate cancer.
- The procedure is carried out as a 'day case' so you will go home on the same day.
- An ultrasound probe is placed in the rectum (back passage) to scan the prostate and guide the taking of biopsies. Samples of prostate tissue are taken using a needle passed through the perineum (the area between your scrotum and back passage).
- Most patients only need a local anaesthetic to numb the area.
- The most common side effect is mild bleeding. Urinary retention and infection are rare.

Why have a prostate biopsy?

Biopsies allow small samples of prostate tissue to be assessed under a microscope to look for cancerous changes.

You might have been referred because of a high PSA blood test result, a prostate lump on examination, or an abnormal prostate scan.

Before attending for your biopsy

Instructions about taking your usual medication:

- If you take a **blood thinner** (e.g. warfarin, clopidogrel, rivaroxaban, apixaban, dipyridamole), you should have specific instructions about when to stop or change this prior to the biopsy. If you have not received this information, please contact your consultant via their secretary (contact numbers are on the back cover of this leaflet).

- If you take a **low dose aspirin** (75mg), you do not need to stop this prior to the biopsy.
- All other regular medication - please continue taking as normal unless told otherwise.

You should have been informed beforehand whether your procedure will be under local anaesthetic, sedation or general anaesthetic.

If having a biopsy under **local anaesthetic**:

- Eat and drink as normal.

If having a biopsy under **sedation** or **general anaesthetic**:

- Do not eat for 6 hours prior to arrival time.
- You may drink clear fluids (e.g. water, squash, tea/ coffee without milk) up until 2 hours prior to arrival time.

On the day of your biopsy

Please be prepared to spend a few hours with us. There will be several patients having a biopsy in the same session.

Prior to the procedure, you will be given antibiotics and painkillers to take and might be asked for a urine sample.

This is a **day case procedure** so you will be in and out of hospital on the same day.

Having the biopsies taken

The prostate biopsy takes 20-30 minutes to perform. You will either be in your own clothes or a hospital gown, and will be asked to remove clothing from the waist down.

You will be asked to lie down with your legs supported up. The doctor will first examine the prostate with a finger. An ultrasound probe will be inserted with lubricant gel into the back passage to view the prostate. The skin between your scrotum and back passage (called perineum) will be injected with local anaesthetic.

This will sting initially and then will make the area numb for the procedure. Using a small needle through the skin, biopsies of each part of the prostate are taken. Multiple prostate samples (up to 25) are usually taken, to be sent to the laboratory for analysis.

Each biopsy is very quick, makes a loud sound and causes a brief sharp discomfort. After the procedure, a small dressing is placed to cover the very tiny puncture holes in the skin.

What happens after the biopsy?

After the biopsy, you will be monitored for about an hour until you are able to pass urine and well enough to leave. Please rest for the remainder of the day.

It is normal to feel discomfort and to notice blood in your urine and semen for several weeks. Please drink plenty of fluids and avoid heavy lifting, and straining on the toilet.

If you had **local anaesthetic**:

- You may be able to drive if you feel confident that you will not be limited in any way, however, it is your responsibility to make sure you are fit to drive. As it is difficult to predict how you will feel, we recommend someone collect you.

If you had **sedation** or **general anaesthetic**:

- **You must not drive, take a flight, sign legal documents, cook or be unaccompanied for 24 hours after sedation or general anaesthetic.**
- You will need someone to help you home. General anaesthetic takes 24 to 48 hours to wear off, so please arrange for someone to be with you while you rest for this period of time.

Go to your local Emergency Department if:

- your pain increases
- you have a fever (temperature) higher than 38°C (100.4°F)
- you do not pass urine for 8 hours and/or feel unable to pass urine
- you start to pass large clots of blood

How do I learn about the results?

You will be sent a follow-up clinic appointment with your urologist within 4 weeks to discuss the results.

What are the risks of a prostate biopsy?

Although serious complications are rare, every procedure has risks:

Blood when you pass urine

- Very common. 10% have bleeding that lasts for over 2 weeks which usually settles naturally. Drink plenty of water.
- If very heavy bleeding or passing large clots, please seek medical advice.

Blood in the semen

- Very common and can last up to 6 weeks. Semen can turn brown as the bleeding settles.
- Not harmful to yourself or your partner.

Difficulty passing urine

- Localised swelling in the prostate may temporarily make it more difficult to pass urine.
- 2% of patients may be unable to pass urine at all. If this happens, you will need to go to the Emergency Department. A temporary catheter will be inserted to help you pass urine until the swelling improves.

Erection problems

- This can occur in 2-4% of men and is usually temporary, lasting for a week or two after biopsy. A permanent problem with erections is very rare after a prostate biopsy.

Failure to detect a significant cancer in your prostate

- An area of cancer might be missed if the needle has not taken a sample from that area.
- A multidisciplinary team of urologists and radiologists will look at your tests and might advise a repeat biopsy if they still suspect a cancer despite a negative first test.

Are there alternatives to having a transperineal prostate biopsy?

Observation

- Occasionally the doctor may recommend observation, an MRI scan and regular PSA blood tests instead of a prostate biopsy if the suspicion of prostate cancer is low. Generally, if there is suspicion of cancer and you are fit enough to undergo the procedure, the doctor will recommend a prostate biopsy.

Transperineal biopsy under general anaesthetic

- 90% of patients are able to tolerate the procedure under local anaesthetic, however for those who don't, sedation or general anaesthetic can be an option.

Questions or concerns

If you have any questions or concerns about information you have read in this leaflet, please contact your consultant's secretary (please refer to the back cover of this leaflet).

Further information

Prostate Cancer UK - A registered charity that provides support and information about prostate cancer and prostate problems.

Telephone: 0800 074 83 83

<https://prostatecanceruk.org/>

Macmillan Cancer Support - Specialist advice, support and information, and financial guidance for people with cancer and their families.

Telephone: 0808 808 00 00

www.macmillan.org.uk

Macmillan Cancer Information and Support Centre, Lister Hospital - Situated just inside the main entrance of Lister Hospital. Drop-in centre and telephone helpline for any questions relating to cancer.

Telephone: 01438 284657 or 07554 436 746

Contact telephone numbers

Urology Department, Consultant Secretaries:

Mr Lane, Miss Undre	01438 284649
Mr Adshead, Miss Foley	01438 284897
Prof Vasdev,	01438 284042
Mr Bycroft, Mr Pullar, Miss Suleyman	01438 286127
Mr Hanbury, Miss Gan, Mr Hosny	01438 284268
Urology Oncology Nurse Specialists	01438 285544

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